

CLAIMS ONLY							Application Number 10 72 2449		Filing Date				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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47							97						
48							98						
49							99						
50							100						
Total Indep	←		←		←		Total Indep	←		←		←	
Total Depend	←		←		←		Total Depend	←		←		←	
Total Claims							Total Claims						